

P0800031560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

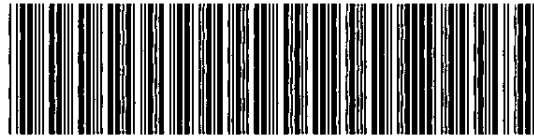
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 26 PM 2:46

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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Ormond Beach Functional Fitness, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Teresa N. Traster

Name (Printed or typed)

9 Coquina Cliff Cr.

Address

Ormond Beach , FL 32174

City, State & Zip

386-986-9381

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

Ormond Beach Functional Fitness, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principle street address and mailing address, if different is:

9 Coquina Cliff Cr. Ormond Beach FL 32174

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Small business, personal trainer.

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Teresa N. Traster / Owner / President  
9 Coquina Cliff Cr.  
Ormond Beach FL 32174

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Teresa N. Traster / Owner / President  
9 Coquina Cliff Cr.  
Ormond Beach FL 32174

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Teresa N. Traster / Owner / President  
9 Coquina Cliff Cr.  
Ormond Beach FL 32174

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Teresa N Traster

Signature/Registered Agent

Teresa N Traster

Signature/Incorporator

3/23/08

Date

3/23/08

Date